

STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

SR

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Please type or print in ink.

2013 APR -5 PM 12:11

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
McGarvey Robert Joseph

1. Office, Agency, or Court

Agency Name

City of Rancho Cordova

Division, Board, Department, District, if applicable

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Rancho Cordova

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify that the information provided herein and in any attached schedules is true and complete. I declare

I certify under penalty of perjury under the laws of the State of California

Date Signed April 1, 2013  
(month, day, year)

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Robert J. McGarvey

► NAME OF SOURCE (Not an Acronym)

Thatch & Dawson Law Offices

ADDRESS (Business Address Acceptable)

1730 I Street, Suite 220, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cap-to-Cap Trip: Dinner at Washington City Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 12	\$ 73	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Hefner, Stark & Marois LLP

ADDRESS (Business Address Acceptable)

2150 River Plaza Drive, Suite 450, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cap-to-Cap Trip: Dinner - Occidental Grill & Seafood

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 12	\$ 95	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

City of Sacramento

ADDRESS (Business Address Acceptable)

915 I Street, Fifth Floor, Sacramento, CA 95814-2672

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Donated by Envision RX

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 07 / 12	\$ 300	Basketball Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Teichert

ADDRESS (Business Address Acceptable)

3500 American River Drive, Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cap-to-Cap Trip: Dinner at Long View Gallery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 12	\$ 112	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Sutter Health

ADDRESS (Business Address Acceptable)

2200 River Plaza Drive, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cap-to-Cap Trip: Dinner at Long View Gallery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 12	\$ 112	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_